SOUTHERN INDIAN HEALTH COUNCIL, INC.
4058 Willows Road Alpine, CA 91901
Mailing: P.O. Box 2128 Alpine, CA 91903
Phone: (619) 445-1188

Let Us Know How We Are Doing...

Please feel free to provide compliments, concerns, and suggestions. All feedback is welcomed!

Please note that filling out this form will not compromise access to care. SIHC is committed to always strive for improvement and provide you the highest care and satisfaction possible.

Date of Occurrence: ____/____/_____

SIHC Staff Involved: _____ SIHC Department Involved: _____

Describe event: please include time, those involved (if more than above) and as much detail as possible:

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❑ I would like a response. ❑ I do not need a response.

_____ ____/____/_____

Name (first, last) (print) Date

Phone Number: (____) ____-_____

SIHC Use Only:

Received by: _____ Received on: ____/____/_____

Quality Management: _____ Received on: ____/____/_____

Response Sent: ❑ YES Date: ____/____/_____

Original Date: 7.02.2013
Revision Date: 7.02.2013
Department Origin: Quality Management